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ABSTRACT

The Iowa Severity Rating Scales are designed to provide general guidelines which may be used as a part of the clinical speech and language program to obtain uniform identification of preschool children with communication disabilities. Section 1 contains definitions, an explanation of the severity classification (a 5 point scale ranging from 0 for normal to 4 or 4+ for disorder), and a brief description of the severity rating scales. Section 2 consists of the severity rating scales common to all ages in the areas of attending skills, fluency, voice, and environmental factors. Sections 3 and 4 offer severity rating scales for the 4 to 5 and 3 to 4 year old child respectively and cover the areas of receptive language, expressive language, and articulation. Sections 5 and 6 offer rating scales in expressive language for the 2.5 to 3 year old and 2 to 2.5 year old child. Scales for each area list the characteristics necessary to obtain each rating between 0 and 5. It is explained that a rating in excess of 4 can be achieved if the child displays problems in more than one parameter. For example, if a child receives a rating of 4 (disorder) in articulation and a 3 (deviation) in language, there would be a possible total rating of 7 indicating a higher priority for service. (SW)

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Iowa's

Severity Rating Scales

for

Communication Disabilities

Preschool, Ages 2-5 Years

J. Joseph Freilinger, Ed.
and Others

State of Iowa
Department of Public Instruction
Special Education Division

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IOWA'S

SEVERITY RATING SCALES

FOR

COMMUNICATION DISABILITIES

PRESCHOOL, AGES 2-5 YEARS

DEPARTMENT OF PUBLIC INSTRUCTION
Special Education Division
Grimes State Office Building
Des Moines, Iowa 50319
1982

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State of Iowa
DEPARTMENT OF PUBLIC INSTRUCTION
Special Education Division
Grimes State Office Building
Des Moines, Iowa 50319

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IOWA'S SEVERITY RATING SCALES FOR COMMUNICATION DISABILITIES PRESCHOOL, AGES 2-5 YEARS

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FOREWORD

The Iowa Severity Rating Scales (ISRS) for Communication Disabilities had their beginning in 1974 and were ultimately published in 1978. (This Foreward is written four years to the day after that.) The ISRS were made available through an ERIC Publication and workshops conducted throughout the country. We continue to receive positive comments about how the ISRS can be used to enhance the services of the speech and language clinician. As we have used the ISRS we have found that while generally applicable, some populations did not fit into the ISRS.

A number of speech and language clinicians began modifying and collecting information for the preschool population. This publication is the result of that effort. The basic premise of the ISRS has not been changed in the preschool scales. We will, apparently, continue to assign "labels". If that is the case, then the label must carry better information. Also, the scales increase consistency among speech and language clinicians in case selection. We have not yet developed scales for pupils under two years of age, but perhaps in the future this, too, will be addressed.

Some of the major contributors are those people listed on page iii. We are especially indebted to Marilyn Ianni-Bales and her colleagues from Mississippi Bend Area Education Agency #9 who provided so much of the material contained in this publication. Thanks to this crew and those others who cooperatively helped.

We also thank Donna Rieman, AEA 9, for typing the original draft and Jeri Burdick who prepared the final copy. Thanks, Donna and Jeri from all of us.

Des Moines, Iowa
May 15, 1982

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IOWA'S SEVERITY RATING SCALES FOR COMMUNICATION DISABILITIES

PRESCHOOL, AGES 2-5 YEARS

NOTE

On pages 15, 18, 24, 27, 33 and 37 an example of Nonverbal Developmental Age Guidelines is presented. For clarity, the percentage deficit is determined by comparing language age to an estimated nonverbal developmental age. The column entitled "Chronological Age" should read "Developmental Age". The instructions for calculating the percentage deficit is correctly presented in the "Characteristics" for each level of severity.

IOWA'S

SEVERITY RATING SCALES

FOR

COMMUNICATION DISABILITIES

PRESCHOOL, AGES 2-5 YEARS

SECTION I

THE CONTINUUM OF SERVICES FOR PUPILS WITH COMMUNICATION DISABILITIES

THE CONTINUUM OF SERVICES FOR PUPILS WITH COMMUNICATION DISABILITIES

It is evident that all communication disabilities occur somewhere along a continuum from adequate at one extreme to inadequate at the other; from minor developmental delays through more significant deviations to disorders that demand intensive clinical or educational intervention. The appraisal of a speech "problem" in and of itself is not authority for the direct remedial services of a speech and language clinician. To establish a communication disability, the language age must be deficit when compared with an estimated nonverbal developmental age.

Establishment of pupil eligibility for various program delivery services should include consideration of factors in two broad areas: the severity of the pupil's communication problems in terms of any present and future personal, social and educational handicaps and the likelihood that these handicaps will diminish with the kinds of services that should be made available.

The following continuum model was adapted from the model developed by the American Speech and Hearing Association in their publication, Standards and Guidelines for Comprehensive Language, Speech and Hearing Programs in the School (1973-74).

DEFINITIONS

For the purpose of this document, we use the following definitions:

COMMUNICATION DISORDERS

Pupils who are handicapped academically, socially, personally or emotionally, by deficits in the areas of voice, fluency, language or articulation to the degree that normal adjustment is affected.

COMMUNICATION DEVIATIONS

Pupils displaying mild to moderate deficits in voice, fluency, language or articulation which moderately impair academic, social, personal or emotional adjustment.

DEVELOPMENTAL COMMUNICATION DELAYS

Pupils having mild maturational delays in the acquisition of articulation or language or slight or infrequent deviations in voice or fluency.

SEVERITY CLASSIFICATION

A 5-point scale identifies the severity of each parameter as follows:

0 = Normal

1 = Developmental delay

2 = Deviation

3 = Deviation

4 or 4+ = Disorder

Within this severity rating scale for each parameter, a total number quotient can be obtained. The total severity rating can then be used to classify the pupil having a communication disorder, communication deviation or developmental communication delay. An asterisk appended to a rating of 1, 2, 3, or 4 indicates that the rating was obtained from two or more parameters. The number quotient can then be converted to a severity classification:

Severity Classification

Normal	Developmental	Deviation		Disorder
0	1	2	3	4, 4+

A rating in excess of "4" can be achieved if the pupil displays problems in more than one parameter. For example, it would be possible for a child to receive a rating of "4" (disorder) in articulation and a "3" (deviation) in language making a possible total rating of "7". This high of rating should indicate a higher priority for service.

If a "2" or "3" is obtained by one rating, consider the child a deviation. If the "2" or "3" is obtained by two or three separate ratings, the speech

and language clinician must decide through consideration of diagnostic information whether the communication skills are a deviation or developmental and then give the correct number indicated for a severity classification. For example, if a child received a rating of "1" developmental delay or a "2" deviation; or, if a child received a rating of "2" voice and "1" articulation, the speech and language clinician could rate the child a "2" or a "3" deviation. A child can be rated no lower than the highest rating received in any one area and no higher than the combined ratings received from all areas.

If a "4" is obtained by one rating, consider the child disordered. If a "4" is obtained by two or three separate ratings, the speech and language clinician must decide through consideration of diagnostic information whether the child is a communicatively deviation or disordered. If a child received a rating of "2" articulation and "3" language, the speech and language clinician could place the child in either the "3" deviation or "4" or "5" disordered classification. Again, a child can be rated no lower than the highest rating received in any one area and no higher than the combined ratings received for all areas. If a pupil at the preschool level is determined to be at the disordered level in attending skills, the speech and language clinician may add one (1) point to the total severity rating scale.

SEVERITY RATING SCALES

The following rating scales are general guidelines which may be used as a part of the clinical speech and language program to obtain uniform identification of preschool children with communication disabilities. A child to be classified at any level may or may not exactly fit the description given, however. The preponderance of the characteristics present and the descriptions may be used for developing an understanding of the level of severity any one number represents. They do not include all factors a speech and language clinician needs to consider when assigning a rating. There are other factors, such as academic difficulties or parent or peer reaction, which could make what is described as a low rated problem demand a higher rating. The speech and language clinician must consider the total child and the effect the communication disability is having in assigning a rating.

When a pupil has reached a communication maintenance level and is no longer scheduled for direct management, sometimes termed a "provisional release", the pupil is automatically assigned a rating of "2" or "2*". This assigned rating is for a specified period of time. At that designated time, the pupil is reevaluated to determine the level of maintenance and an appropriate rating is assigned.

SECTION II

SEVERITY RATING SCALES

COMMON TO ALL AGES

ATTENDING SKILLS

EXTRALINGUISTIC FACTORS SEVERITY RATING SCALE

Disordered: (1 point may be added to total Severity Rating Scale score*)

Child is unable to attend visually, auditorially or motorically to any type of task. Attending skills significantly interfere with child's ability to learn and are thought to be an integral part of the child's communication problem. Shifting from tasks is difficult for the child. Perseveration may be noted.

Child is unable to fix, sustain and shift visual or auditory attention, or both, to tasks of the child's own choice at the 2 - 2½ year level.

Deviation:

Child attends only momentarily to speech and language clinician designated tasks but can be seen sustaining attention to tasks of the child's own choice. Shifting from tasks may be difficult. Environment needs to be structured to assist child in attending.

Child is able to fix attention but has difficulty sustaining or shifting visual or auditory attention, or a combination, on tasks of the child's own choice at the 2 - 2½ year level.

Developmental:

Child appears to be at the end of the continuum range of normal attending skills for preschool children, but can be assisted or structured to improve attending skills. Attending skills may be inconsistent on a day to day basis.

A description of "developmental" attending difficulties was not felt necessary as the overall "normal" range of maturation varies for preschool aged children at the 2 - 2½ year level.

* A score of "Attending 1" will be assigned when attending skills fall into the Disordered category and are felt to be a component of the child's communication delay. This additional point should be added to the child's total severity rating scale score. No score may be added for the deviation or developmental level.

FLUENCY SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Observable nonfluent speech behavior present. Child is not aware or concerned about the nonfluent speech. Normal speech periods reported or observable and predominate.
2 - 3	a. Occasionally, communication is an effort; but only during stressful situations. b. Whole word and part word repetitions predominate. c. No struggle behavior is reported or observed. d. The parent may report that occasional periods of frustration and avoidance occur when the child is under stress. e. There is question regarding the parent's ability to respond appropriately to their child's stuttering. f. Parents demonstrate or report concern about their child's stuttering. g. Child evidences less than 15 percent stuttered words.
4	a. All communication is an effort. b. Prolongations and struggle behaviors predominate. c. Avoidance and frustration are obvious. d. Child evidences 15 percent or more stuttered words.

NOTE: It was generally felt that characteristics of fluency deficits transcended age levels, therefore, one set of criteria is used for all ages.

VOICE SEVERITY RATING SCALE

RATING	CHARACTERISTICS
0	Normal
1	Inconsistent or slight deviation. Check periodically.
2 - 3	a. The speech and language clinician notices a difference in the child's voice, which may not be noticed by the unfamiliar listener. b. Medical referral may be indicated if the parent reports that this irregular vocal quality is typical. c. Parents may not be aware of the problem. d. Parents may report occasional vocal misuse and abuse. e. Laryngeal tension may be observed.
4	a. There is a significant difference in the voice. b. Voice difference is noted by the unfamiliar listener. c. Parents are usually aware of the problem. d. Medical referral is indicated.

NOTE: It was generally felt that characteristics of voice deficits transcended age levels, therefore, one set of criteria is used for all ages.

ENVIRONMENTAL FACTORS

There are certain environmental factors which may effect a preschool child's communication skills. The speech and language clinician should consider these factors in evaluating the characteristics within each parameter. Although these factors will not effect the rating, they may influence the service provided.

a. Parent reaction and interaction with the child.

b. Peer reaction and interaction with the child.

c. Child reaction and interaction with others.

d. Status of speech and language stimulation in the home.

e. Medical and neurological status.

f. Family history.

SECTION III

SEVERITY RATING SCALES:

4 to 5 YEAR OLD CHILD

RECEPTIVE LANGUAGE SEVERITY RATING SCALE
4 to 5 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	According to appropriate diagnostic tests used, receptive skills indicate a difference from normal language behavior. Inconsistent. 0 to 6 month delay.
2 - 3	A child must exhibit a preponderance of these factors: a. Child evidences a 6 to 12 month delay in receptive vocabulary. b. Child demonstrates difficulty with question comprehension including: inconsistent inappropriate responses to: why, how and when questions. Child is generally able to respond to all other age appropriate question forms. c. Child is inconsistent in his ability to classify common objects or pictures by: function, class name and similarities. d. Child cannot consistently follow two-stage directives or alters the sequence of directives. e. Child evidences scattered development of the following conceptual areas: size, numerosity, shape, spatial relations and colors. f. At least 20% deficit when language age is compared with an estimated nonverbal developmental age.
4	A child must exhibit a preponderance of these factors: a. Child evidences <u>at least</u> a 12 month delay in receptive vocabulary.

RATING	CHARACTERISTIC
4	b. Child demonstrates difficulty with question comprehension including: inconsistent responses to "yes"-"no" question, inconsistent or inappropriate responses to the following question forms: what, what doing, who, whose, where, why.
	c. Child is unable or inconsistent in his ability to classify common objects or pictures by: function, class name and similarities.
	d. Child cannot follow two-stage directives.
	e. Child does not understand spatial concepts such as: in, on, under.
	f. Child does not understand size concepts such as: biggest.
	g. Child does not understand numerosity concepts such as: some, two, more.
	h. At least a 30% deficit when language age is compared with an estimated nonverbal developmental age.

NONVERBAL DEVELOPMENTAL AGE GUIDELINES

EXAMPLE

Chronological Age	20% Deficit	30% Deficit	40% Deficit
5 years	4 years	3 years, 6 months	3 years
4 years	3 years, 2 months	2 years, 10 months	2 years, 5 months
3 years	2 years, 5 months	2 years, 1 month	1 year, 10 months
2 years	1 year, 7 months	1 year, 5 months	1 year, 2 months
1 year	10 months	8 months	7 months

(A 20% deficit is approximately one standard deviation.)

EXPRESSIVE LANGUAGE SEVERITY RATING SCALE
4 to 5 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	According to appropriate diagnostic tests used, expressive skills indicate a difference from normal language behavior. Inconsistent. 0 to 6 month delay.
2 - 3	A child must exhibit a preponderance of these factors:

a. Child evidences limited spontaneous language:

   1. inconsistent use of the earlier developing linguistic structures such as pronouns, copular and auxiliary verbs, "wh" question forms, and so forth.
   2. Examples of age appropriate utterances ranging from 4 to 6 words are observed in the child's spontaneous language.

b. Word finding or word retrieval problems are suspected as child evidences occasional delays in response before appropriately labeling pictures or objects.

c. Child evidences limited expressive vocabulary characterized by a lack of: attributes, locations or spatial concepts.

d. When speech and language clinician initiates conversation through questions or statements, the child is generally able to respond appropriately, but does not expand on the topic. Child does not typically initiate conversation through statements or questions.

e. At least a 20% deficit when language age is compared with an estimated nonverbal developmental age.

RATING	CHARACTERISTICS
4	A child must exhibit a preponderance of these factors:

a. Type of language the child evidences does not function for interaction or communication (language appears internally directed rather than outwardly directed) or child may be echoic.

b. Child evidences limited spontaneous language:

   1. absence of or limited use of simple sentences.
   2. absence of or inappropriate use of the earlier developing linguistic structures, such as plurals, prepositions, present progressive tense, and so forth.

c. Spontaneous MLU of 3 words or less in children 4 to 4½ years of age. Spontaneous MLU of 4 words or less in children 4½ to 5 years of age.

d. Word finding or word retrieval problems are suspected as the child evidences a significant delay in response before appropriately labeling pictures or objects.

e. Child evidences limited expressive vocabulary characterized by a lack of: attributes, noun labels, locations or spatial concepts, actions.

f. Language structures are not stimulable.

g. At least a 30% deficit when language age is compared with an estimated nonverbal developmental age.

NONVERBAL DEVELOPMENTAL AGE GUIDELINES

EXAMPLE

Chronological Age	20% Deficit	30% Deficit	40% Deficit
5 years	4 years	3 years, 6 months	3 years
4 years	3 years, 2 months	2 years, 10 months	2 years, 5 months
3 years	2 years, 5 months	2 years, 1 month	1 year, 10 months
2 years	1 year, 7 months	1 year, 5 months	1 year, 2 months
1 year	10 months	8 months	7 months

ARTICULATION SEVERITY RATING SCALE
4 to 5 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	Inconsisent misarticulation of phonemes, whether substituted, omitted or distorted. Sounds must be stimulable and no more than six months below the developmental range for the phoneme.
2 - 3	Child is generally intelligible to family members. The unfamiliar listener is able to comprehend the child's topic of conversation. A child must exhibit a preponderance of these factors: a. Substitutions predominate and are characterized by: 1. utilization of a variety of phonemes for most error sounds. 2. error phonemes reflect a pattern of more common types of substitutions. b. Age appropriate or developmental error sounds are stimulable in words. c. The parent may report the child occasionally shows signs of frustration but persists in attempting to communicate verbally. d. Child is generally willing to imitate words or phonemes upon request. e. Parent may report that the child has demonstrated marked improvement in articulation within the last six months.

RATING	CHARACTERISTICS
4	Child is unintelligible, most of the time, to the unfamiliar listener. Speech may at times be unintelligible to family members. A child must exhibit a preponderance of these factors:

a. Omissions predominate.

b. Substitutions are characterized by:

   1. utilization of 1 or 2 phonemes for most error sounds.

   2. utilization of a variety of phonemes for most error sounds.

c. Error sounds are difficult to stimulate in isolation without placement cues.

d. There is parent report that the child shows signs of frustration or withdraws from speaking at times, or both.

e. Child uses nonverbal means to communicate or uses nonverbal means in addition to verbal attempts.

f. Child is unwilling to imitate words or phonemes upon request.

SECTION IV

SEVERITY RATING SCALES:

3 to 4 YEAR OLD CHILD

RECEPTIVE LANGUAGE SEVERITY RATING SCALE
3 to 4 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	According to appropriate diagnostic tests used, receptive skills indicate a difference from normal language behavior. Inconsistent. 0 - 6 month delay.
2 - 3	A child must exhibit a preponderance of these factors: a. Child evidences a 6 to 9 month receptive vocabularly delay. b. Child demonstrates difficulty with comprehension of "where" "who" or "what", or all questions, when the referent is not observable. However, the child is able to comprehend these questions when the referent is present. c. Child is unable or is inconsistent in his ability to classify pictures or common objects by function or class name on a first trial. However, when given a demonstration by the speech and language clinician, the child is then able to successfully complete such tasks. d. Child is inconsistent in the ability to complete a one-stage command involving the manipulation of 2 objects. e. Child evidences scattered development of the following conceptual areas: size, spatial relations (in, on, under), numerosity (one, some, all). f. At least a 20% deficit when language is compared with an estimated nonverbal developmental age.

RATING	CHARACTERISTICS
4	A child must exhibit a preponderance of these factors:

a. Child evidences a 9 to 12 month receptive vocabulary delay.

b. Child demonstrates difficulty with question comprehension including: inconsistent responses to "yes" or "no" questions, inconsistent or inappropriate responses, or both, to the following "wh" question forms: what, what doing, where, who.

c. Child is unable or inconsistent in his ability to classify common objects or pictures by: class name, function.

d. Child cannot follow one-stage directives.

e. Child does not understand spatial concepts such as: on, in, and under.

f. Child does not understand size concepts such as: big and little.

g. Child does not understand numerosity concepts such as: one, all and more.

h. At least a 30% deficit when language age is compared with an estimated nonverbal developmental age.

NONVERBAL DEVELOPMENTAL AGE GUIDELINES

EXAMPLE

Chronological Age	20% Deficit	30% Deficit	40% Deficit
5 years	4 years	3 years, 6 months	3 years
4 years	3 years, 2 months	2 years, 10 months	2 years, 5 months
3 years	2 years, 5 months	2 years, 1 month	1 year, 10 months
2 years	1 year, 7 months	1 year, 5 months	1 year, 2 months
1 year	10 months	8 months	7 months

(A 20% deficit is approximately one standard deviation.)

EXPRESSIVE LANGUAGE SEVERITY RATING SCALE
3 to 4 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	According to appropriate diagnostic tests used, expressive skills indicate a difference from normal language behavior. Inconsistent. 0 to 6 month delay.
2 - 3	A child must exhibit a preponderance of these factors:

a. Examples of the use of age appropriate utterance lengths are observed in the child's spontaneous language. That is, child should express utterances ranging from 3 to 5 words.

1. The 3 to 3½ year old child's spontaneous language may evidence a lack of syntactical structures and morphological markers with all other aspects of expressive language appearing age appropriate. However, some of these missing linguistic structures are stimulable in 2-word phrases.
2. The 3½ to 4 year old child's spontaneous language evidences inconsistent use of the earlier developed linguistic structures such as plurals, prepositions and present progressive tense.

b. Word finding or word retrieval problems are suspected as child evidences occasional delays in response before appropriately labeling pictures or objects or responding in conversation.

c. Child evidences use of the early developing attributes and locations or spatial concepts such as: big, little,

RATING	CHARACTERISTICS
2 - 3	in, on, up, down and so forth. However, use of later developing attributes and locations or spatial concepts such as: pretty, heavy, under, over, beside and so forth, are limited.
	d. When speech and language clinician initiates conversation through questions or statements, the child is generally able to respond appropriately but does not expand on the topic. Parent reports that the child does not typically initiate conversation through statements or questions.
	e. At least a 20% deficit when language age is compared with an estimated nonverbal developmental age.
4	A child must exhibit a preponderance of these factors:
	a. Type of language the child evidences does not function for interaction or communication (language appears internally directed rather than outwardly directed) or child may be echoic.
	b. Child evidences limited spontaneous language:
	1. absence of the earlier developing linguistic structures such as plurals, prepositions, present progressive tense.
	2. absence of simple sentences expressing agent-action-object.
	3. spontaneous MLU of 3 words or less.
	For 3 to 3½ year old:
	1. two-word utterances predominate.

RATING	CHARACTERISTICS
4	2. a limited number of semantic relationships are expressed.
	c. Child evidences word finding or word retrieval problems.
	d. Child evidences expressive vocabulary characterized by a lack of: attributes, noun labels, locations or spatial concepts, actions.
	e. The earliest developing linguistic structures are not stimulable.
	f. At least a 30% deficit when language age is compared with an estimated nonverbal developmental age.

NONVERBAL DEVELOPMENTAL AGE GUIDELINES

EXAMPLE

Chronological Age	20% Deficit	30% Deficit	40% Deficit
5 years	4 years	3 years, 6 months	3 years
4 years	3 years, 2 months	2 years, 10 months	2 years, 5 months
3 years	2 years, 5 months	2 years, 1 month	1 year, 10 months
2 years	1 year, 7 months	1 year, 5 months	1 year, 2 months
1 year	10 months	8 months	7 months

(A 20% deficit is approximately one standard deviation.)

ARTICULATION SEVERITY RATING SCALE
3 to 4 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	Inconsistent misarticulation of phonemes, whether substituted, omitted or distorted. Sounds may be stimulable and no more than 6 months below the developmental range for the phoneme.
2 - 3	Short utterances are generally intelligible to the unfamiliar listener. Intelligibility is inconsistent in connected speech. A child must exhibit a preponderance of these factors:

a. Substitutions predominate and are characterized by:
   1. utilization of a variety of phonemes for most error sounds.
   2. error phonemes reflect a pattern of more common types of substitutions.

b. Some omissions may be evident affecting the later developing phonemes.

c. Age appropriate or developmental error sounds are stimulable in isolation.

d. The parent may report that the child occasionally shows signs of frustration but persists in attempting to verbally communicate.

e. Child is generally willing to imitate words or phonemes upon request.

RATING	CHARACTERISTICS
4	Child is unintelligible, most of the time, to the unfamiliar listener. Speech may also be unintelligible to family members. A child must exhibit a preponderance of these factors:

a. Omissions predominate.

b. Substitutions are characterized by:

   1. utilization of one or two phonemes for most error sounds.

   2. utilization of a variety of phonemes for most error sounds.

c. Error sounds are difficult to stimulate in isolation without placement cues.

d. There is parent report that the child shows signs of frustration or withdraws from speaking at times, or both.

e. Child uses nonverbal means to communicate, or uses nonverbal means in addition to verbal attempts.

f. Child is unwilling to imitate words or phonemes upon request.

SECTION V

SEVERITY RATING SCALES:

2½ to 3 YEAR OLD CHILD

COMMENT

Only one parameter area was defined when assessing 2½ to 3 year old children. Their future success as communicators seemed best reflected in their expressive language skills.

EXPRESSIVE LANGUAGE SEVERITY RATING SCALE
2½ to 3 YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	a. Speech and language clinician observes or parent reports child consistently uses a variety of intelligible 2 and 3 word utterances. Use of earlier developing linguistic structures are emerging. b. Verbal imitations are minimal. Spontaneous speech predominates. c. Portions of spontaneous conversation may be unintelligible. However, the listener knows the topic of conversation.
2 - 3	A child must exhibit a preponderance of these factors: a. Speech and language clinician observes or parent reports child consistently uses a variety of intelligible one-word utterances. However, use of longer utterances is emerging. b. Alternative communication systems may be used (gesturing, pointing) but usually in conjunction with verbalization or vocalization. c. Speech and language clinician observes or parent reports that the child produces unintelligible utterances which contain normal inflectional patterns. d. Child is spontaneously imitating at the verbal level. e. Speech and language clinician or parent reports that the child uses communication for appropriate social interaction.

RATING	CHARACTERISTICS
2 - 3	f. At least a 20% deficit when language age is compared with an estimated nonverbal developmental age.
4	A child must exhibit a preponderance of these factors:
	a. Child exhibits limited verbal expression within the home.
	b. Child relies on alternative communication system (gestures, points, grunts, other family members talk for child).
	c. Child primarily uses jargon.
	d. Child does not spontaneously imitate at the vocal or verbal level, according to parent report.
	e. Limited social interaction with family members.
	f. At least a 30% deficit when language age is compared with an estimated nonverbal developmental age.

NONVERBAL DEVELOPMENTAL AGE GUIDELINES

EXAMPLE

Chronological Age	20% Deficit	30% Deficit	40% Deficit
5 years	4 years	3 years, 6 months	3 years
4 years	3 years, 2 months	2 years, 10 months	2 years, 5 months
3 years	2 years, 5 months	2 years, 1 month	1 year, 10 months
2 years	1 year, 7 months	1 year, 5 months	1 year, 2 months
1 year	10 months	8 months	7 months

(A 20% deficit is approximately one standard deviation.)

SECTION VI

SEVERITY RATING SCALES:

2 to 2½ YEAR OLD CHILD

COMMENT

Only one parameter area was defined when assessing 2 to 2½ year old children. Their future success as communicators seemed best reflected in their expressive language skills.

EXRESSIVE LANGUAGE SEVERITY RATING SCALE
2 to 2½ YEAR OLD

RATING	CHARACTERISTICS
0	Normal
1	a. Child communicates predominately through one-word utterances although a few two and three-word utterances are present. b. There may be a history of significant health factors which delayed general development.
2 - 3	A child must exhibit a preponderance of these factors: a. Child evidences development of the proper sequence of prerequisite communication skills but at a slower rate: 1. child expresses a few meaningful one-word utterances. 2. child demonstrates appropriate affect, gestures and other nonverbal communication skills. 3. speech and language clinician observes or parent reports child is spontaneously imitating at the motor and vocal levels. b. Parent reports child demonstrated significant spurts of growth in the motor area which appear to take precedence over language development. c. No immediate family history of late onset of talking. d. No serious medical complications during birth and early infancy. e. At least a 20% deficit when language age is compared with an estimated nonverbal developmental age.

RATING	CHARACTERISTICS
4	A child must exhibit a preponderance of these factors:

a. Child is nonverbal within the home.

b. General lack of effort to communicate (verbal, vocal, nonverbal or any combination).

c. Child is not spontaneously imitating at the motor, vocal or verbal level according to parent report.

d. No immediate family history of late onset of talking.

e. No serious medical complications during birth and early infancy.

f. At least a 30% deficit when language age is compared with an estimated nonverbal developmental age.

NONVERBAL DEVELOPMENTAL AGE GUIDELINES

EXAMPLE

Chronological Age	20% Deficit	30% Deficit	40% Deficit
5 years	4 years	3 years, 6 months	3 years
4 years	3 years, 2 months	2 years, 10 months	2 years, 5 months
3 years	2 years, 5 months	2 years, 1 month	1 year, 10 months
2 years	1 year, 7 months	1 year, 5 months	1 year, 2 months
1 year	10 months	8 months	7 months

(A 20% deficit is approximately one standard deviation.)